



**Parker Jewish Institute**  
FOR HEALTH CARE AND REHABILITATION

**PARKER ON MADISON  
SOCIAL ADULT DAY CARE**

**CAREGIVER APPLICATION**

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Caregiver Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address, if different:** \_\_\_\_\_

**Physician:** (Internist, Family MD)

\_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Hosp. Affiliation:** \_\_\_\_\_

**Specialist:** (Cardiologist, Neurologist)

\_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Health History** (list illnesses, if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOR GENERAL INFORMATION, PLEASE CALL 1-877-727-5373

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SOCIAL ADULT DAY CARE**

**APPLICATION TO DAY CARE PROGRAM**

**Name:** \_\_\_\_\_

Please answer the following questions about your relative: (check all that apply)

**WALKING ABILITY:**

- no difficulty (steady on feet)
- unsteady on feet
- sits in mid air
- needs assistance to sit and stand

**EATING:**

- independent
- needs verbal cues to swallow
- needs motivation to eat
- needs to be fed

**ABLE TO READ?**

- yes    no    unsure

**ABLE TO TELL TIME?**

- yes    no    unsure

**ABLE TO WRITE?**

- yes    no    unsure

**BATHROOM USE:**

- can make needs known
- needs verbal cueing only
- needs assistance (e.g., clothing, positioning)
- needs assistance with paper, soap, flushing
- needs privacy
- requires complete assistance

**SPEAKING ABILITY:**

- does not verbalize
- initiates irrelevant conversations
- uses one or two word responses
- able to form complete sentences
- able to express self
- unable to express an idea
- has difficulty finding words

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**ABILITY TO FOLLOW DIRECTIONS:**

- follows three-step instructions
- follows two-step instructions
- follows one-step instructions
- needs hand over hand assistance

**COMPLETES TASKS:**

- able to complete tasks independently
- needs both verbal prompting and demonstration
- needs consistent verbal prompting
- fails to participate
- needs physical assistance

**SOCIAL SKILLS:**

- is polite
- is critical of others
- responds to inappropriate behavior of others
- displays inappropriate behavior towards others

**MEMORY:**

- recognizes family members
- minor short term memory deficit  
(describe) \_\_\_\_\_
- major short term memory deficit  
(describe) \_\_\_\_\_
- long term memory intact
- reminisces

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**WHY DO YOU WISH YOUR RELATIVE TO BE ENROLLED IN THIS PROGRAM?**

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